



**COMPLAINT FORM: print this form and mail it to the address at the bottom.**

1

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime phone number (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_

2

- Name of agency you are complaining about: \_\_\_\_\_
- Where is the agency located? (What city?) \_\_\_\_\_
- If the agency is not a state agency, the Ombudsman Office probably cannot help you except to refer you to the right place. **Under Alaska law, the Alaska Ombudsman investigates complaints about state agencies. Local governments are included only if they contract for our services. We cannot overturn court rulings.**
- Is it a state agency? Yes ☐ No ☐ Don't know ☐
- It is important to try to resolve your problem with the agency's help before complaining to the ombudsman.
- Have you filed an appeal or grievance with the agency? Yes ☐ No ☐
- If you filed an appeal or grievance, what was the agency's answer? Please attach copies of your appeal and the agency's answer. It is important that we know what you have done to try to resolve the problem.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Names and phone numbers of the people you contacted at the agency about your problem:  
\_\_\_\_\_  
\_\_\_\_\_
- Has this issue ever been subject of a court hearing? Yes ☐ No ☐
- If yes, what is the court case number?

3

- Please give us other information we need to help us investigate your complaint. (Date of birth, social security number, loan number, case number, court case number, license number.
- **If this involves Office of Children's Services**, include the children's names and birth dates.
- **If this is a Child Support Services Division complaint**, we must have your Member ID Number **and** the case number. The member ID is NOT the Social Security number. If the terms of support were set by court order please enclose the order and any court-approved changes to it.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4

- **IMPORTANT** We will not give your name unless you give permission. Can we use your name when talking with the agency about your complaint? Yes ☐ No ☐

STATE OF ALASKA OMBUDSMAN COMPLAINT FORM

Use these lines to explain your complaint. Use extra paper if necessary. Please tell us

- What did the agency do that you think is wrong?

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- What do you want from the agency?

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- What do you want the Ombudsman to do to help you?

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- PLEASE SIGN HERE:

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- Send this form and copies of any papers, receipts, email, or correspondence between you and the agency to the following address. **DO NOT** send original documents. Send copies and keep original documents for your future reference.

Office of the Ombudsman  
Post Office Box 101140  
Anchorage, Alaska 99510-1140

Tel. No (907) 269-5290  
Toll Free: 1-800-478-2624  
Fax: (907) 269-5291

**Email:** ombudsman@legis.state.ak.us

**Website:** <http://ombud.alaska.gov>